


U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER 92 CR 010 652
DEFENDANT ROBERT TEZAK	TYPE OF PROCESS CITATION

SERVE  **AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
ROBERT TEZAK

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1507 CLEMENT STREET, JOLIET, ILLINOIS 60435

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

PATRICK J. FITZGERALD UNITED STATES ATTORNEY 219 SOUTH DEARBORN STREET CHICAGO, ILLINOIS 60604 ATTN: FINANCIAL LITIGATION UNIT	Number of process to be served with this Form - 285	1
	Number of parties to be served in this case	1
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

PERSONAL SERVICE REQUESTED - DEFENDANT MUST BE SERVED NO LATER THAN SEPTEMBER 9, 2003


Defendant is under home confinement on a state of Ill. commitment. His parole officer is Tim Christmann of the Ill Dept of Corrections (708) 774-5041

Signature of Attorney or other Originator requesting service on behalf of **JOSEPH A. STEWART, AUSA**

CLERK, U.S. DISTRICT COURT

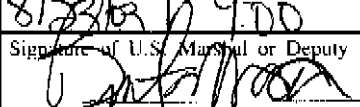
PLAINTIFF TELEPHONE NUMBER **312-469-6008** DATE **8/15/03**

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk 	Date 8/19/03
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I hereby certify and return that ☒ I have personally served, ☐ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 8/23/03
	Time 9:00 am
	Signature of U.S. Marshal or Deputy 

Service Fee 135.00	Total Mileage Charges (including endeavors) 28.80	Forwarding Fee N/A	Total Charges 163.80	Advance Deposits N/A	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:
2 Dism, 80 miles, 3 hours

PRIOR EDITIONS MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/97)